

ORAL HYGIENE

A JOURNAL FOR DENTISTS

Edited by George Edwin Hunt M.D. D.D.S.

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MOTION PICTURE NUMBER



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FORT WAYNE DENTAL DEPOT

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THE PYORRHOCIDE POSTGRADUATE PYORRHEA CLINIC

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THE ECONOMIC VALUE OF CLEAN MOUTHS

By GEORGE EDWIN HUNT, M. D., D. D. S., Indianapolis, Ind.

Dean of Indiana Dental College and Editor of ORAL HYGIENE. Read before the Minnesota State Dental Association, June 15, 1912

The fundamental problem for all people at all times is how to get a living. Sumner says, "If we put together all that we have learned from anthropology and ethnology about primitive men and primitive society, we perceive that the first task of life is to live." And that is the basic thought underlying all human activity in all ages. Food and drink are prerequisites to life. Without them we perish. Getting a living is, therefore, the first and most important consideration entering into life. Standards of living may, and do, vary among different people and among individuals of the same people, but the statement is still true that the primal thought of all is to get a living.

A socialist writer has said that there are three ways of getting a living, begging it, stealing it, and working for it.

From his point of view he may be right, but in trying to apply his classification I meet with difficulties. For instance, how will we classify those who inherit money? No doubt he places them with the thieves. Nor does his epigrammatic classification provide for children and the aged, who certainly neither beg nor steal the living to which they are morally entitled and which they are physically and mentally incapacitated for earning. In any event, our socialist writer is correct when he further states that since it is manifestly impossible to beg or steal something which does not exist, the workers of the world must first produce the living which the beggar begs and the thief steals. So that the workers make the livings not only for themselves and for those logically entitled to support, namely, the very

young and the very old, but for all who live by begging and stealing.

To my mind a more correct classification of humanity, economically, is to separate them into two groups of producers and non-producers. Everyone can be so classified. There might arise a difference of opinion between you and me concerning the correct classification of men in certain pursuits, but speaking for myself, the classification can be clearly made. Anyone who advances the physical, mental or material welfare of himself *and others* is a producer. All who do not increase the physical, mental or material welfare of themselves and others are nonproducers. Those who grow things in or on the ground, those who wrest material of use in life from the earth, those who by their labor convert raw materials into forms suitable for maintaining health and comfort, are *direct* producers. The agriculturist, the stock raiser, the artisan, the laborer, are direct producers. Without the fruits of their labor we would perish from off the face of the earth. They furnish us the material necessary to life. They directly produce the material necessary to continued existence.

But the labors of these direct producers would not, and could not, be as efficient, and therefore as productive, as they are but for the labors of others whom we will call *indirect* producers. If a direct

producer becomes ill he passes to the class of non-producers and is a charge on the other producers until he either gets well and becomes again productive, or dies. In order that his illness may not occur at all, or that it may be shortened in duration if it does occur, or that he may not die and the state lose a producer, it is necessary that we have sanitary scientists, hygienists, physicians, surgeons, dentists, nurses, pharmacists, and others. None of these are direct producers, because they do not produce material necessary to normal existence, but as, without them, so large a number of direct producers would become only partial producers or non-producers, it is economy for society to maintain them. They are productive, indirectly, in that they contribute to the physical welfare of society; they are as indispensable, from an economic and a sociologic viewpoint, as the laborer, the artisan and the farmer.

But more than mere physical health is necessary for the ideal life. The intellectual side of both our direct and our indirect producers must receive attention. It is an economic necessity, for the more intelligent society is the more productive it becomes. Perfect physical health alone might produce strong, healthy brutes, but modern civilization looks to the production of more than that—of an intelligent and enlightened citizen-

ry. Therefore we must have teachers and poets and painters and writers. Nor is this enough. Human nature is such that we must have certain rules of conduct to guide us in our relations with one another. These we call laws. The existence of laws necessitates law makers and judges, but not necessarily lawyers. And as laws must be enforced, certain persons must be employed in that work. Other indirect producers, indispensable to an ideal civilization, are scientists, laboratory men, statisticians, inventors, men whose life work makes more efficient the labor of our direct producers. All these, indirect as their productive powers are manifested, are useful, even indispensable, to society.

Tramps, brokers, bankers, "middlemen," lawyers, usurers, professional politicians, the "idle rich," beggars, and criminals produce nothing either directly or indirectly and are not only absolutely unnecessary in the maintenance of society but are a positive detriment in that they are supported by the direct producers of the state and thus decrease the average material prosperity.

And now let us consider for a moment another class of non-producers, who, while they exist, are entitled to live at the expense of the producers but whose numbers, under a more enlightened civilization, will be enormously reduced. I refer to those wards of the state physically unable to produce to average capac-

ity, if at all, and to the inmates of our penalogical institutions, for I consider the latter diseased also. Our institutes for the deaf and dumb and blind, our hospitals for the insane, the tubercular and the cancerous; our schools and homes for the feeble-minded and the epileptic; our penal institutions, reform schools and homes for wayward youth, are all full to overflowing and with a greater demand for accommodations every year. Until we learn to cure some or all of these diseases, or become enlightened enough to prohibit the hopeless ones from procreating, this class of non-producers will increase faster proportionally than the whole population. Medical science is doing what it can. To illustrate let me recite what has been done in the case of ophthalmia neonatorum, a disease of the eyes of new born children, mainly due to gonorrhœal infection. A few years ago probably one-third of the children condemned to eternal darkness were so afflicted because of this disease. Yet it is easily and certainly preventable. And in a few years, in the most enlightened communities, the blindness from ophthalmia neonatorum will be reduced one hundred per cent, due to the use of a mild solution of silver nitrate in the eyes of the new born babe. Surgery, sanitation, therapeutics and prophylaxis are all adding their share of help in reducing the number

of the physically unfit. Medical science is doing what it can and doing it well. If, now, public opinion would permit the sterilization of the incurable, so that propagation of their species would be impossible, heredity, the greatest factor in the spread of non-productiveness from physical ailments as also from criminal acts, would cease to be operative. Only the foolish prejudices of the prevailing societal custom and thought is retarding the day when this will be done. In Indiana we have a law permitting the sterilization of habitual criminals and it has been made operative almost eight hundred times. The societal necessity for such laws everywhere may be readily appreciated when I tell you that extended but not completed research would seem to show that practically all of the native born Indiana criminals that have been confined in Indiana penal institutions since completed records have been kept, are descendants from one hundred families. Crime is strictly a matter of heredity in those families, and since the criminal instincts spread further and further through society as the members of those families propagate their kind, sterilization must be resorted to or their descendants will become a greater burden on society than the producers will be able to bear. And the same holds true of the feeble-minded, the tubercular, the insane, the degenerates. Heredity is

far and away the greatest factor in their production. Sterilization of those hopelessly affected would, in a couple of generations, so reduce the number of these mental and physical defectives that most of our penitentiaries, asylums, homes and similar institutions, now maintained at an enormous expense and constantly having to be increased in number and capacity, could be converted into other and more economically remunerative uses.

With all this in mind it is evident the producers of this world are compelled to produce much more than is necessary for their own health and comfort. They must produce, in addition to that necessary for their own needs, material for the use of this vast army of non-producers, some of whom are by right non-producers but many of whom should rightfully be partial or full producers.

Not all producers are full producers—productive to the limit of their ability. If you before me were to search your souls I doubt whether many of you, if any of you, could truthfully say you are producing to your full capacity—that you are contributing to society your best efforts all the time. And you are no exceptions in this. So that the material welfare of the collective aggregation commonly called “the people,” or society, is further decreased by the partial production of those capable of being full producers. Further-

more, there are many non-producers who might, under a better scheme of existence, become at least partial producers, so that they would be less of a burden on the producers of society.

With these elementary sociologic facts in mind the fundamental problem unfolds itself: How may we decrease the number of our non-producers and increase the efficiency of our producers? That is the great world problem. Sterilization of habitual criminals, and of the feeble-minded, the degenerate, the insane, the tubercular, and others hopelessly diseased with mental or physical ailments the tendency toward which is passed down from parent to child, would rapidly reduce the number of illegitimate non-producers to a negligible quantity and so solve that portion of the problem. Science, art and invention are constantly increasing efficiency by labor-saving devices, methods and processes, so that a steady increase along those lines is assured. But neither of these lines of procedure reaches the greatest cause of sub-normal efficiency, namely, sub-normal physical ability.

By far the greatest economic waste mankind faces is due to physical ailment of individuals. There will always be some physically unfit people in the world. That much is certain. But there should be no such number of physically unfit as we now have.

That this is generally believed is proven by the many movements now on foot to improve this condition. All hygienic and sanitary measures now being urged, all health laws and pure food and drug laws, all campaigns for the dissemination of disease-preventing information, have for their intent increasing the efficiency of the producers and decreasing the number of non-producers. And from that standpoint they are economic measures, pure and simple.

But these movements also have a wide influence on the sociologic side of life, as they make progress. For instance, the wealth of a people consists of the material due to the efforts of the producers, less the tax necessary to maintain the non-producers. Therefore the less the tax necessary for maintenance of the non-producers, the greater the gross material prosperity of the producers. That is still economics. *But*, the greater the material prosperity of a people the better they are housed, the better they are fed, the healthier and happier they are, the better the children they bear, and the higher is the level of society. That is sociology.

And now we are able to fit the mouth hygiene movement into its proper place in the scheme of things. It is a part, and no mean one, of this worldwide movement for bettering the physical, moral, mental, and material welfare of mankind. As such it will advance just as rapidly, but

no more so, than these other efforts. Sporadic instances of abnormally rapid progress will occur, as they already have, due to unusual local energy, favorable conditions or other local effects, but the main movement will keep pace with the tuberculosis movement, the "swat the fly" crusade, the housing question, the social evil problem, the "white slave" evil, and similar sociologic and economic matters, all of which have their origin in the endeavor to decrease the number of non-producers and increase the effectiveness of producers.

Why do these movements, all admittedly for the good of humanity, progress so slowly? Why is not the mere announcement of these great truths sufficient to cause their immediate adoption? These questions are pertinent, and especially so as many of our profession have expressed some astonishment and some discouragement at the slow progress of our own movement. Let us consider the matter.

New customs are of slow growth among the people. Let me again quote Sumner, whose exhaustive work, entitled "Folkways," I commend to you for perusal. In discussing the slowness with which the people adopt new habits and customs, even when they are admittedly righteous and beneficial, he says, "The fact that certain American products of protected industries are sold abroad cheaper than at home, so that the pro-

ductive tariff taxes us to make presents to foreigners, has been published scores of times. It might be expected to produce a storm of popular indignation. It does not do so. The abuses of the penal system have been exposed again and again. There is no popular response in condemnation of the abuse, or demand for reform." Another illustration which more nearly approaches the subject matter of this paper is the reluctance and disinclination displayed by the people to accepting and acting upon the preventive measures absolutely shown by science to be effective in diminishing or prohibiting tuberculosis, syphilis and gonorrhoea. The customs, the mores of the people are changed but slowly and all history proves that they will ever be so changed.

Permit me to introduce you to that word "mores" if you are unacquainted with it. You will find it so useful. Mores are popular usages and traditions, believed to be conducive to societal welfare, and to which, therefore, the bulk of the people conform, even although there are no laws requiring it. The mores are constantly but always slowly changing. For instance, a century ago gentlemen habitually drank to excess without losing caste. The mores have changed until that is no longer permitted. A century ago the preachers preached a personal God and a material hell. The mores have changed in regard to that. A century ago own-

ership of slaves rather increased than lowered the social standing of a person. The mores have changed until it is no longer popular. "All notions of propriety, decency, chastity, politeness, order, duty, right, rights, discipline, respect, reverence, co-operation, and fellowship, especially all things in regard to which good and ill depend entirely on the point at which the line is drawn, are the mores. The mores can make things seem right and good to one group or one age which to another seems antagonistic to every instinct of human nature." The mores are ever changing, but are ever changing slowly, almost imperceptibly. The mouth hygiene movement is an effort to change the mores.

Today practically everyone believes that the condition of their mouth is their own private affair. That is in the mores. If anyone were audacious enough to tell individuals that the condition of their mouths is a menace to the community, and consequently a violation of societal ethics, the white dove of peace would probably retire from that vicinity with some precipitancy. But it is true. And as sure as that we are here, the mores will eventually change until the unclean, uncared-for mouth will be considered as much of a popular menace as the open privy vault, the filthy garbage can, and the unswatted fly. Individuals have no more right to maintain their mouths in a

filthy condition than they have to throw bedroom slops into the streets. It is all a question of the mores and when a majority of the people accept the truth, radical measures for the elimination of "immoral" mouths will result.

Then there is the economic side of it. As the mores now are an individual may readily conceive that whether his mouth is clean or not, and whether his denture is sufficient for the mastication of his food or not, is a matter of his own opinion and desire; that "it is nobody's business but his own"; that it has no societal bearing economically. But in that belief he is in error. The maximum sum of the material prosperity of society depends absolutely upon the amount of livable material produced by the direct producers, aided and abetted by the indirect producers, less the tax of the non-producers, as has been heretofore stated. No person with a filthy, perhaps septic, mouth, or with one unadapted to the proper and perfect mastication of their food, is capable of producing to their fullest capacity. Their work will be imperfect to the extent that their physical integrity is abated. Therefore they are, to the extent they are partial producers, a menace to the welfare of the material prosperity of the whole and a violator of economic laws. So that the condition of the mouths of individuals is not a private matter, but a public one of great

sociologic and economic importance.

But the opinion of the people today is opposed to that view and it will take some time to change their opinion. However, the time *will* come when society will view a person with an unclean mouth as it is now beginning to view a syphilitic or a tubercular, namely, as a menace to community health and therefore to be isolated until the objectionable feature is removed. Bringing about such a change in the mores is popularly known as "educating the public," and that is what the oral hygiene movement means in its last analysis.

So the question now arises, How shall we educate the people? How may we most quickly bring about this change in the mores?

It has been customary to assert, in connection with this movement, that there are three ways of educating the public, namely, by utilizing the public platform, by utilizing the public press, and by the aid of free clinics. This statement is, however, too limited. There are numerous other effective ways for hastening a change in the mores. An excellent but limited method of instruction is in the dental office, where the practitioner, with models and appliances, can drive the lesson home. This method, while efficient, has the disadvantage of only reaching those who already have a certain regard for mouth conditions or they

would not be in a dental office. Those who need this instruction most do not go to the dental offices.

A movement is on foot now to provide a moving picture film which can be shown to thousands of different people each week. These films will probably be ready for use in the early fall and should be an efficient agent in the dissemination of mouth hygiene information, and doubly so as they will be seen mainly by those who need that information. A Providence, Rhode Island, firm has in process of construction a large dental exhibit which knocks down and can be compactly packed in boxes furnished for the purpose. This is an effective method of instruction wherever audiences can be obtained. Every state dental society should own one of these picture films and one of these exhibits. The film can be shown continuously by arrangement with moving picture syndicates at no expense whatever except the initial one of not over two hundred and eighty dollars. The exhibit will cost about two hundred dollars and can be used wherever health meetings, child welfare exhibits, teachers' institutes, or any other public meetings are held that will permit its use.

Another helpful educational agency in the past year was the laity number of ORAL HYGIENE, the magazine I have the honor of editing. Of that special number, 178,290 copies

were subscribed for and presumably distributed among the laity. It is my desire and hope to duplicate this record in the near future.

Another method of education which promises far-reaching effects when it is carried out is mouth inspection in connection with examination for life insurance. The necessity for it is patent to all who have given the matter thought, and its effect on the oral hygiene movement, when it is adopted by the life insurance companies, will be far-reaching in its effect. I consider it of great importance as an educative measure.

In a small Pennsylvania town an enthusiast is trying out a plan that will be reported upon later. In brief, he is enlisting the aid of the school children in the sale of powders, pastes and brushes, giving them coupons on each sale, a certain number of which entitles the holder to a brush or some powder or paste.

Addresses on the subject, from the platform, are helpful if the speaker is able and an audience can be obtained. I have delivered a number of these before audiences varying from three people—an actual fact—to over one thousand. In most instances the local promoters were disappointed that their earnest efforts had not brought out larger audiences. They failed to take into account the inertia of the people; they did not realize the difficulties al-

ways encountered in attempts to change the mores. It is perfectly possible to make a public lecture on this subject of interest to any audience, but the difficulty lies in convincing the people of that so they will come and form the audience. The average individual cannot conceive that a lecture on the care of the mouth can be of any great importance or of any special interest to him.

Articles in magazines and newspapers are likewise helpful and reach a larger number of the people than does the public lecture. They are not so convincing, however, as the public lecture, since the personality of the author has no influence. During the past year several good articles on mouth hygiene have appeared in some of the more widely circulated magazines and the newspapers show an increasing inclination to further the movement.

Methods of education are varied. All of them are of use and all of them should be employed as occasion serves. No effort is wasted which spreads the gospel a little further.

And now let us consider the question of free clinics. Free clinics for all who are unable to pay for dental services is, of course, the goal for which we are working. All this educative work is being done with that one object in view. A few of us sincerely believe that the increase in efficiency due to better health, and the saving on public dispensary

and hospital aid would be more than great enough to offset the expense of the clinics, and that free clinics would be an economic measure in truth. No sane person will question its sociologic value. But there are only a few of us as yet who believe it is to be a true economic measure and until we can bring many others to that way of thinking, free public clients will remain an unaccomplished achievement. But suppose, just for argument, that free public clinics had been decided upon and the plants installed. Where would you get the dentists to man them—or woman them, either? Statistics show that an average of two thousand dentists go out of practice in the United States each year. Some die, some go into other lines of work, and a few, a very few, retire. A year ago this spring there were 1,701 students graduated from all the dental colleges in the United States and two hundred or more of these did not take a state board examination and qualify for practice. So that the colleges are not graduating enough men right now to fill the ranks because of those who drop out, to say nothing of caring for a constant increase in population and an equally steady increase in the percentage of those who seek dental services. It would take many years to train enough men to handle free clinics for the poor and it is perhaps just as well that the facing of that contingency is remote.

I have purposely dwelt upon the difficulties attendant on changing the mores in regard to this subject, because I feel sure the inertia of the people is fully as great as I have depicted, and unless that is understood by the dental profession, much disappointment and loss of enthusiasm will occur. Too many of our profession have thought that the mere announcement of the evils of mouth neglect would meet with an instantaneous response from the people. That is a mistake. It is true that the magnificent crusades along other lines of preventive medicine will be of immense service to us in our campaign—the mores regarding disease prevention have changed wonderfully in the last few years and we are bound to benefit by all this agitation—but, even then, we must not underestimate the inertia of the people and expect conclusive results in a short period of time and with a minimum amount of effort.

Fortunately for all movements looking toward a change in the mores, we find one class of minds plastic and impressionable, those of the children. It is also true that the adults among the people will consider favorably new mores for the children that they would resent vigorously if an attempt were made to apply them to themselves. I therefore believe that more permanent and lasting good in this movement can be accomplished by and through the children, our future citizens,

than through any other source. Clifton F. Hodge, professor of biology at Clark University, in a paper entitled "Instruction in Social Hygiene in the Public Schools," says: "We cannot hope effectively to reach parents—heterogeneous, busy, untaught, scattered, often foreign, immoral sometimes themselves. Hence, our main hope is through the schools, to save the young from falling into the mire and being contaminated through ignorance." I heartily endorse the sentiments expressed by Professor Hodge and in doing so I do not decry any past, present or future efforts among the grown-ups. They are necessary, for the attitude of adults toward the movement must be influenced in order that we may get what we want for the children. And many adults become impressed with the importance of the work to a greater degree than do the majority of the dental profession. Everyone so impressed adds immensely to the momentum of the movement, since their statements are *ex parte* and thus more readily believed by the laity. But it is the present and the unborn children that will bring about the final idealities of the movement.

The first step in influencing the children is the lecture, or talk. Properly delivered it interests them greatly. The next step is mouth inspection, with or without legal authority. The next step, and the final one before the distant goal of free

clinics for all who cannot pay for dental services, is free clinics for *the children* of all who cannot pay for dental services for them.

The giving of talks on mouth hygiene to the children can probably be brought about in every community. School authorities ought to, and in nearly all cases will, welcome offers of this character. The lecturer should study his matter thoroughly and avoid being too stilted or too technical in his address. Children are astute critics. The use of the stereopticon in this work cannot be too highly commended. It is of great service and a large number of suitable slides are now available. For children from the ages of six to ten a twenty minute talk is long enough. The older children, from eleven to fourteen, I have never failed to interest for from fifty minutes to an hour. The pitiful part of this work lies in the fact that so large a proportion of these little ones, interested as they are, are too poor to buy a toothbrush even, to say nothing of having teeth cleaned and reparative work done by a dentist. However, the work is good seed and much of it will bear fruit.

In most communities the school authorities are willing to co-operate with the dentists in an inspection of the mouths of the children. The time is long since passed when such an inspection will teach the dental profession anything and from that standpoint

school inspection is a waste of time and energy. You know before you start that you will find ninety per cent or more of the children needing dental services. So it is not for that purpose the inspection should be held but for the two-fold purpose of arousing public interest in the condition of the children's mouths and because a certain percentage of parents will have the mouths of their children cared for as soon as their attention is called to the matter. But here, as in the lectures, we are confronted with the problem of the hundreds of little ones whose parents are utterly unable to pay for dental services. Inspection is worse than a hollow mockery to them!

If this paper has proven anything at all I believe it has proven that the care of the mouths of the poor is a societal affair and an economic necessity. If that is true the responsibility for doing it rests on the community. Of that there can be no doubt. Therefore the inspector or inspectors should be employed by the city. Whether they shall be appointed by and paid by the school authorities or by the health board will depend on state laws. Where not in conflict with these I favor school board control as being less likely to be biased by political influences, although why we should have politics in either our school boards or our health boards is one of the inconsistencies of our civ-

ilization. But before we can get legal authority for the appointment of inspectors, we must convince a large number of people that money so spent is well spent. There is no legislative enactment in any state to-day providing for dental inspection, although many communities, through their boards of health or their school boards, have regular inspection by duly appointed inspectors. In some communities the inspector is paid and in others the work is voluntarily done by the dentists. Inspection is valuable, but it is only a step forward. It calls attention to the disease but offers nothing for its cure unless the child has been wise enough to select parents able to pay dental bills.

The free clinic for children is the next step after inspection—and in many cases it comes a long way after! Like the inspection, the free clinic should and eventually will be controlled and financed by the community. The matter is purely a societal one and society should and will undertake it. But when it comes to bringing this to pass we are again confronted with the inertia of society and the difficulty in changing the mores. So that, at first, clinics will have to be dependent on other financial aid than municipal. In different communities different plans have been tried, and, in many cases, have succeeded. In some places charity organizations have estab-

(Continued on page 880.)

EDITORIAL



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ORAL HYGIENE does not publish Society Announcements, Obituaries, Personals, nor Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine

THINGS YOU SHOULD KNOW ABOUT

Just to show you that life is real, life is earnest and the grave is not its goal, ORAL HYGIENE has two matters of great importance to bring before you this month. One is the moving picture film, now ready for use, and the other is the school-room posters, also now ready for distribution. If you are interested in your profession, if you are interested in oral hygiene, if you are interested in your fellow creatures, as well as yourself, read the following pages.

UNION SPRINGS, ALABAMA

Union Springs, Alabama, is on the oral hygiene map hard and fast. Union Springs not only has compulsory medical and dental inspection, but *no scholar can attend school unless he or she has a permit from the dental inspector*. Both medical and dental inspectors are salaried officers appointed by the board of education. Well done, Union Springs!

THE LAITY NUMBER

Owing to letters received from various readers, the time for receiving manuscripts for the next laity number will be extended to January 1, 1913. ORAL HYGIENE will pay five dollars per printed page for all articles accepted and will make an arrangement mutually satisfactory with the writers of all articles not accepted for the laity number, but used in other issues. Articles must be type-written, double-spaced, on one side of paper only. Give your name and address and mark them "for laity number."

Not every fellow who blows his own horn owns an automobile.

THE MOTION PICTURE FILM

Probably the greatest sensation at the meeting of the National Dental Association at Washington, D. C., was the first public presentation of the educative motion picture film entitled "Toothache," which took place at the meeting of the National Mouth Hygiene Association on the evening of Friday, September 13, 1912.

A brief description of how this—and other—films are made, might be of interest. The first thing to do is to get your story, or as we theatrical celebrities call it, the scenario. You probably read the scenario in last month's ORAL HYGIENE. If you did not it is your fault and you are here-with set back five yards, have a strike called on you, and must push back five buttons on the string.

The next thing to be done is to get the people to present it, cast it, as Charlie Frohman, Dave Belasco and I call it. The principals in your cast must be regular, real-for-sure actors and actresses, or else amateurs with real ability. There are some forty people in the cast of "Toothache," four of whom were professionals.

Then come the rehearsals under the direction of an honest-to-goodness professional stage manager. This is the tedious part. The school room scene in "Toothache," in which some twenty children and four or five grownups appear, was rehearsed pretty steadily for two days before the camera was brought into

use. These rehearsals took place in the school room prop-



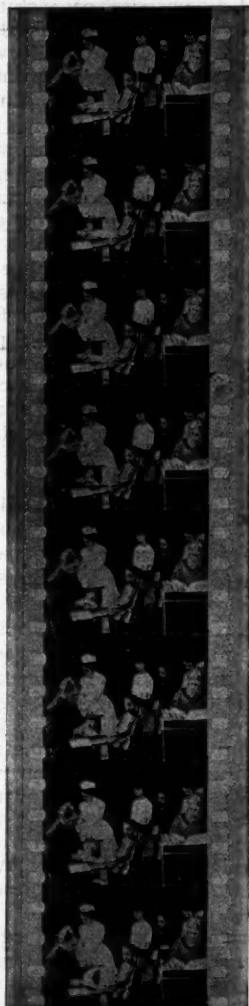
er, but now I will tell you where the picture was made.

The Motionscope Company, who made the film, set up a big tent with a board floor in a school-yard in Cleveland, Ohio. Desks and other articles were brought from the school-room and put in position in the tent. Scenic artists made and painted scenery representing part of the two ends and all of one side of a school room showing the blackboards, chalk rails, doors and all things necessary. Then, after a final rehearsal in the improvised school room, one side of the tent was removed, the top pulled back, the camera and operator properly located in the yard on a table, and the picture was taken.

A moving picture camera works on the same principles, so far as taking pictures is concerned, as any other camera. There is a quick moving shutter which operates automatically. The film is of the same material as a kodak film, but it is only about an inch wide and a thousand feet long. It is perforated at regular intervals on each side with square holes to catch the cogs of wheels above and below the shutter of the camera.

The clean film on a reel is put in place in a light-proof box above the shutter and one end of it pulled down, over the cog wheels, to another, but empty, reel, in another light-proof box below the shutter. Then the cover is put on the back of the camera and the whole shebang is ready for business. To take pictures, the operator ad-

justs and focuses his camera, and turns a crank by hand. This is a real crank. Not an



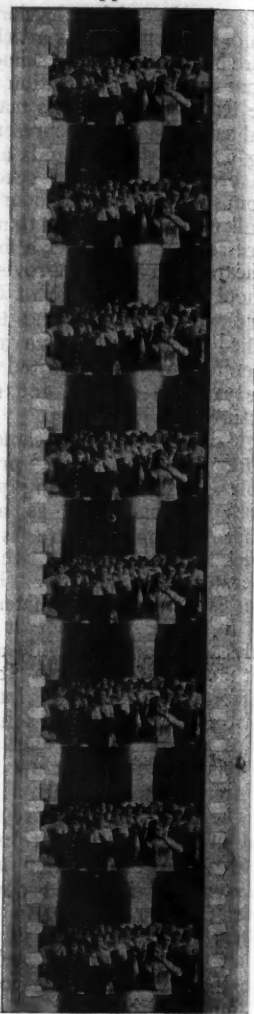
oral hygiene crank. Turning the crank unwinds the film from the top reel and onto

the bottom reel. As the film passes the shutter, the latter opens and shuts automatically, taking a series of pictures. The completed film is then taken to a dark room, developed, and pictures printed from it onto a similar film in appearance, which latter is the one used for exhibition purposes, the first film, the negative, being retained for making more positives for exhibition. Now you know all about it and all you have to do to get in the business is to get a camera and a film and a dark room and a picture machine and a studio and some actors and a scenario and some scenery and a few other little incidentals. Go to it.

The film "Toothache" is a little over eleven hundred feet long and takes about seventeen minutes to present. There are sixteen pictures in every foot so there are about eighteen thousand pictures in the film. As you can readily see by reading the scenario it is entertaining and highly instructive. I cannot tell you, in print, how entertaining and instructive it is. You will have to see it. Such men as Dr. Harvey W. Wiley, formerly chemist in the Agricultural Department, Dr. William A. Evans, formerly health commissioner of the City of Chicago, and Surgeon General Blue, of the United States Army, all of whom saw it, praised it loudly and unstintedly.

"Toothache" should be the greatest aid in the oral hy-

giene movement that has yet made its appearance. It will teach and appeal to thousands



and tens of thousands of people who do not know or appreciate the benefits of dent-

istry. When you see it you will be as enthusiastic over it as I am.

Do you want to see it? Do you want it shown in your town? Do you want to know how to get it? I will tell you.

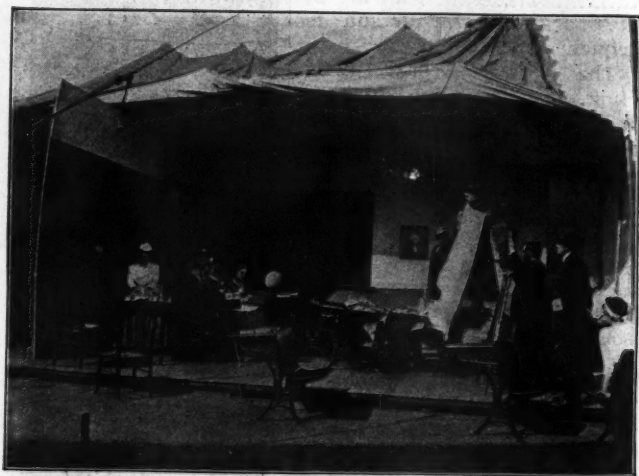
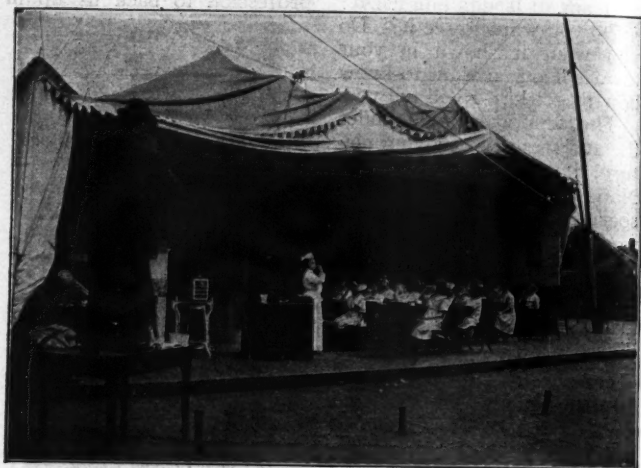
The film was made under the auspices of a "moving picture film committee" of the National Mouth Hygiene Association. This committee was appointed and assisted by Dr. W. G. Ebersole, secretary-treasurer of the Association. The committee consists of Dr. L. L. Zarbaugh, Toledo, Ohio, Dr. J. D. Towner, Memphis, Tenn., Mr. W. Linford Smith, Pittsburgh, Pa., and the writer. The money to produce the first film—\$2,000.00—was loaned the committee by the publishers of ORAL HYGIENE, who are also backing us on the subsequent expense.

The writer, George E. Hunt, 131 East Ohio street, Indianapolis, Indiana, U. S. A., has been appointed by the committee to act as agent for the sale and distribution of the film. The price has been placed at \$150.00 per copy. To pay all bills already and hereinafter to be incurred—and this does not mean a solitary red Indian or Lincoln penny to any man, woman or child, as emolument, salary, graft, gift, grab, hush-money, or recompense, except the legitimate and restricted expense for making the film and putting it in your hands—we have to sell fifty films. We have already obligated ourselves to the extent

of over seven thousand dollars and are depending on the profession to back us up in



it. That is the kind of hair-pins we are. What kind of hair-pins are you?



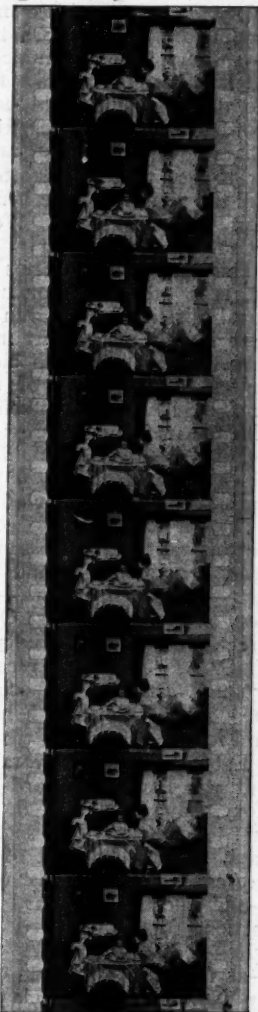
A Snap-Shot of the Operator Making the Moving Picture.

A few suggestions. Every state board of health should have one of these films to show in connection with their other sanitary and hygiene films. I will go after them, but a letter from you to the secretary of your state board will help a whole lot. By the time you read this, a copy of the scenario and a letter from me will be in the hands of your secretary. Indiana's Board has already contracted for one.

Every state dental association should have one also. They can be shown at assemblages of all sorts, or can be started in the moving picture houses and shown from town to town. Directions concerning how this can be done without expense other than the initial expense for the film, will be sent to all who order. Indiana State Dental Association has already contracted for one.

Furthermore, every city society in large cities should have one. New York should have five or six, Brooklyn two or three, Boston two or three at least, Cleveland, Cincinnati, Pittsburgh, St. Louis, Omaha, Kansas City, Denver, Los Angeles, San Francisco, Seattle, New Orleans, Atlanta—but why enumerate? City dental societies in all considerable centers of population should have a film. Let me tell you why. Suppose the Chicago Dental Society, or the Odontological Society of Pittsburgh buy a film, The Chicago Society sends word to the dentists of Oak Park, Evanston,

and twenty more suburbs and nearby towns and the Pittsburgh Society sends words to



Sewickley, Wilkinsburg and twenty more nearby towns, that the film can be rented for

five dollars per day. The dentists in Oak Park get together, make up a ten dollar jack-pot, arrange with a motion picture house, work the newspapers for some notices, and have the film shown for two days. They could well afford to spend three or four dollars advertising this in order to get people interested. Will the motion picture house want compensation? Well, not so you can notice it!

This last plan, it seems to me, is a great one for universal distribution. Even if there is only one dentist in a town, he can afford to blow himself for one day of the film. And it will not interfere with the majestic progress of the state association film, which can be kept busy in the larger centers of population.

Does it look good to you? Do you want to ask questions? Send your inquiries and orders—especially orders—to Geo. E. Hunt, 131 East Ohio street, Indianapolis, Indiana, U. S. A. They will receive prompt attention—especially the orders. Selah! I have said it.

Later and more favorable. But you have not heard the story, have you? Well, I'll first tell the story. A section hand stepped in front of an express train once—just once—and shortly afterward the section foreman wired his wife—the section hand's wife—as follows: "Jim run over by No. 18. His neck and both legs broken."

When he had time to think it over it seemed to him he had broken the news rather

harshly to Mrs. Jim, so after looking the corpse over again he wired her as follows:



"Later and more favorable. His neck and one leg only broken."

Hence, later and more favorable. Orders have already been received for films from the dental societies of Dallas, Texas, Toledo, Ohio, Wheeling, West Virginia,

Johnstown, Pa., and Youngstown, Ohio. These city societies expect to rent the film to adjoining towns as well as to use it in their own cities.

ABOUT GETTING STARTED

Quite a number of the slips I received concerning what has been done for oral hygiene in the various towns and cities were pathetic, in a way.

But before I tell about it, permit me to say that quite a number of you *did* turn out to be tight-wads. In my editorial last month, I called your attention to the insert and begged you to fill it out and return it to me, stating it would cost you a two-cent stamp and five minutes, and praying you not to be stingy. I received about two hundred replies, instead of two thousand. So I conclude you *are* a little near with your two-cent pieces after all, or, maybe, you do not read my editorials. Then you miss a mighty good thing. Why, I even read them myself, when the magazine comes out.

But to get back to our subject. Perhaps a couple of score of writers said, "There is nothing doing here. How can we arouse interest and start something?" It is impossible for me to answer all these inquiries personally, so I propose giving some hints here that all may read.

The first thing for you to do is to saturate yourself with oral hygiene facts, figures, dreams, hopes and deductions. You can get all these from the pages of ORAL HYGIENE. Read my article in last February's issue. From the number of papers that have cribbed from it, it must be pretty good. Then read Nodine's insurance articles in the May, June, July and August numbers. Then read most anything else you find in these pages.

After getting some ammunition and enthusiasm yourself, meet with your school board and give them some of your surplus enthusiasm. If there are other dentists in your town, ask them to co-operate with you, but if they will not, go it alone.

The school board will certainly permit you to lecture to the school children, so go ahead and talk to them. Don't fire over their heads, but get right down to their level. Call the boys "fellows" and the rest "girls," and do not use technical terms.

If you have the proper enthusiasm and are yourself convinced it should be done, you can soon get permission to inspect the mouths of the children. Do it. Send each child home with a chart of its mouth. Get an invitation to talk

to your county teacher's association. Talk oral hygiene wherever you can get an audience. But you must first *believe* in it and then *have something to say*. If you believe in it, you can find plenty of ammunition in these pages. In the April issue you will find lecture outlines by Dr. Stevenson.

If people either were not so narrow-minded and selfish, or were not so greedy and hen-headed, much more could be accomplished, but I suppose we have to take the world as we find it. Several wrote in that inspection had been tried, but had been abandoned. One man said the volunteer inspector, after inspecting a room full of children, would gently suggest to the teacher that he gave a discount of twenty-five per cent to teachers. Others told similar stories about human greed and limited mentality throwing the brakes on the movement in their particular locality. Well, the world is full of long-eared asses and the best way to handle them is with a bunch of fodder as long as that will work and a cudgel when it won't.

But ever and always, you must first enthuse yourself before you can enthuse the other fellow. And for the love of Mike, don't go into the oral hygiene movement as a business proposition. If you haven't enough philanthropy in your poor, mean, miserable soul to go into it from high-minded motives, stay out, where you will not gum up the cards.

THE SCHOOL-ROOM POSTER

Somewhere in this vicinity you will find a cut of the new school-room poster. The cut cannot give you an adequate conception of the attractiveness of the poster, as the cut is necessarily in one color and the poster is printed in four colors. The poster is twenty-seven inches long and fifteen inches wide. It was designed and printed by a New York house that is supposed to be at the head in that line of work. It is really a very artistic thing and sure to please you, in my opinion.

The posters are on a heavy, good paper and are bound at top and bottom with a brass strip, with a ring at the top for hanging them on the wall.

In getting up this poster we tried to get something that would be pleasing to the children and also instructive, and I think we did. It is our idea that school boards, in some cases, may be persuaded to buy them and hang them in the school rooms, but in the majority of cases the dentists in the community will have to do this.

Be sure to get the consent of the school authorities first, so you will not have posters on your hands and no place to put them. They would make a very good looking wall paper for the reception room, but I hardly think you would care to go to that expense.



Clean mouths
mean good teeth
and no toothache

Good teeth and
good chewing of
your food means
good health.

Good health
means good
school work

Good school work
means you do not
have to stay in
after school.

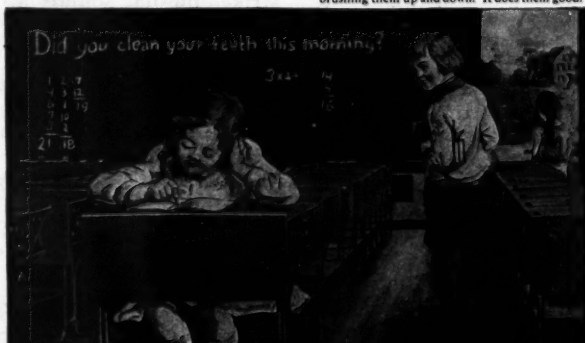
Did you clean your
teeth this morning?

Are you going
to clean them at
bed time to-night?



Care of the Mouth

To keep off tartar and have better health, chew every bit of food twice as much as you have been. Clean your teeth every morning before breakfast and every night at bedtime. The last is *very* important. If you have no other tooth powder, buy five cents worth of *precipitated chalk* at the drug store. Brush your teeth, placing them end to end and brushing up and down, letting the brush go well up on the gums of both jaws. This should be done on the outer surface of all the teeth. Then open your mouth and brush the grinding surfaces hard, being careful to go clear back to the last teeth. Then tilt the brush and scrub the inner surfaces of all the teeth, letting the brush go up on the gums. Then stick out your tongue and brush the top of it. You will not hurt your gums by brushing them up and down. It does them good.



So you do not have to stay in after school

THE SCHOOL-ROOM POSTER.

We ordered ten thousand of these posters and it depends on you whether we lose or not. There is no chance for the magazine to win, for we are offering them at a price which barely covers cost of buying and handling. Personally, I have faith that enough of you are interested in your schools to clean up the ten thousand in short order.

The posters will be sold as follows:

One poster\$0.25

Six posters\$1.35

By the dozen\$2.50 per dozen

Order through your dental dealer. That is the most convenient way.

DELIVERY OF THE FILM.

As we go to press I am able to announce that the moving picture films will be ready for distribution about November 15. Orders will be filled in the order they are received.

A Kansas City young lady of few words went to a dentist to have a tooth extracted.

"Pull it!" she said to the dentist.

"All right," replied the dentist. He applied the cocaine, adjusted his forceps and out came the tooth.

"Want it?" he asked the young lady, holding the tooth before her.

"Want it?" she exclaimed. "Want it? What for? Do you think I'm an Elk.—*Saturday Evening Post.*

"How would you classify that ardent agitator?"

"You can't classify an ardent agitator," replied Senator Sorghum. "If he is on your side of a question he's an intrepid reformer, and if he's on the other side he's a muck-raker."

Mr. Coopah—"Could you lemme look in yo' dictionary a minute, kuhnel! Jest want t' find a couple of words to add to mah lodge-office title what Ah was elected to last night. They dun chose me Grand High Most Worthy Exalted Imperial Plenipotentiary, but it strikes me dat sounds jes' a little bit cheap!"—*Puck.*

There was a man in Michigan

Who used to wish, and wichigan,

That spring would come
So he could bome

And go away and fichigan.
—*Chicago Chronicle.*

Count—"My love, I press my suit on bended knee—"

Dolly—"Why not borrow an ironin' board, Count?"

To the Dental Profession **of Greater Boston**

**When You Want Ney's Golds
Come to Me!!**

¶ Do you know of another house in the world that has been manufacturing dental golds exclusively, in all required forms, for 100 years? Bear in mind dental golds are not simply a side line with The J. M. Ney Co., but, in one location for a century this Company has devoted its entire time, skill and capital in developing the best possible dental golds.

¶ With attention undivided—capital ample and workmen the most skilled, all directed with the laudable ambition of turning out golds of the highest standard quality—golds that are absolutely uniform and reliable in color and working qualities—you must concede, Doctor, that such conditions as these insure perfection of output.

¶ The fact is, when I tell you "it's Ney's," **you know** it's right; because **you** are certain to have either personal knowledge or the experience of nine out of ten of your most critical confreres as to the superb quality of these golds.

¶ Ney's Gold Solders are of like color with Ney's Gold Plates of the karats which they are marked. They do not flow until the plate is ready to be soldered, they then flow evenly and perfectly. If you want standard quality dental golds, call, send, 'phone or write

A. CHANDLER LITCHFIELD, Resident Mgr.

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**Room 405
Fourth Floor**

**Colonial Building
100 Boylston Street**

**BOSTON,
MASSACHUSETTS**

TELEPHONE 4758 OXFORD

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(Continued from page 866.)

lished and maintained clinics; in others, philanthropic individuals have done this; and in still others dentists themselves have undertaken the work. Of the desirability of this last plan, unless the way seems clear for getting the work on a more substantial basis in a year or so, I have serious doubts. One or two communities have progressed to the point of appropriating small sums of money for this work.

So the cause is advancing. The mores are being changed slowly but surely and another decade or two should see a race of school children with clean, effective, regular teeth and consequent better bodies, better brains, and greater efficiency.

In my opinion when free clinics are once established, it will be found necessary, on account of the vast amount of work presenting, to generally adopt the plan already in use in parts of England, of doing nothing but emergency work for the children above the first grade of school. The children in the first grade should have all the work done that is indicated, and as they pass up through the grades this attention should be continued, the same course, naturally, to be followed with their successors. By this method, eight years would see all our grade school children with good serviceable dentures. So long as the amount of work presenting is greater than the facilities for

caring for it, and that is certain to be the case when clinics are first established, it is more helpful to fill nine cavities in the mouths of nine first grade pupils, who have one cavity each, than to fill nine cavities in the mouth of one older child. To attempt to do all the reparative work that presents as soon as free clinics are established is an impossible task. For instance, there are forty thousand school children in the city of Indianapolis and about one hundred and seventy-five dentists. Thirty-eight thousand of those school children need dental services of some kind. Imagine, if you can, what would happen if those thirty-eight thousand children all applied at free clinics and dental offices for services at the same time. All the dentists in the city could not take care of them with three months' labor, if they dismissed all other patients.

To sum up this rather rambling paper, I would say:

First, that the oral hygiene movement is but a part of a world-wide movement for bettering societal conditions so that we may increase the efficiency of our producers and decrease the number of our non-producers.

Second, that the general progress of the movement depends on the rapidity with which we can change the mores by our various educational methods.

Third, that since the move-

PEARLS— NOT GOLD

THE "pearly" smile is always the most pleasant and the most natural. Nature intended teeth to be white and "pearly"—not "golden."



When the

Evslin Interchangeable Tooth

is properly handled by the dentist, no gold is visible. And it's much easier for the dentist to handle the Evslin RIGHT than it is for him to handle it improperly.

There is no investing of the porcelain required during the soldering process. The Evslin Interchangeable Tooth is handled just like a pin tooth. Make your own backing—put it in place—that's all.

The first illustration shows the wedge shaped pin and the groove in the tooth into which pin fits.

The dark colored parts represent the gold backing.

The other cuts show the bite. Anterior teeth can be ground at the bite at any angle suitable for the case. The tooth slides into position over the bite, and gives protection without showing gold.



On the posterior teeth, the cusps are all porcelain. The Evslin is the only practical interchangeable porcelain cusp posterior tooth on the market, and its strength is exceptional.

Any good dealer will sell you the Evslin if you insist.

Our free booklet, which goes into details, is yours for the asking.

Manufactured by

PENNSYLVANIA DENTAL MFG. CO.

1317 Sansom St., Philadelphia, Pa.



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ment is a sociologic and economic one, the state must eventually take it over.

Fourth, that the final success of the movement depends on our present school children.

Fifth, that the successive steps in accomplishing the final result, some of which may be omitted in certain cases, are:

a. Voluntary inspection and voluntary clinics for the children.

b. Permissive legal inspection of the children. This means that the state passes a law permitting school authorities to expend money for this purpose.

c. Compulsory legal inspection of the children. This means that the state passes a law making it compulsory for

school boards to expend money for this purpose.

d. Permissive free clinics for the children of the poor.

e. Compulsory free clinics for the children of the poor.

f. Free clinics for all who are unable to pay for dental services.

In closing, let me urge those of you who enter this campaign, to enlist, not for three months, but for the war! It is a good and noble work and one that carries with it a desirable feeling of helpfulness to humanity. It is not a fad nor a fancy. Standing alone its chances for success would be small, but as a part of a movement that is moving society to its very foundations, it cannot help but succeed in time.

NOT EDIBLE

Mrs. Newlyrich, the wife of a multimillionaire, was dining in a fashionable hotel recently, and being unable to pronounce the names of the dishes, she pointed to a line on the menu and said to the waiter:

"Please bring me some of that."

"I'm sorry, madam," replied the waiter, "but the orchestra is just playing that."—*Judge*.

TERMS OF THE GAME

He—Dearest, you're the goal of my affections.

She (removing his arms)—Five yards for holding.—*Harvard Lampoon*.

WOULD BE IN A HOLE

Casey (watching the golfers)—Oi don't see anny difference bechune thot an' worrk.

O'Brien—Yez don't, eh? Well yez would when pay day kem around.—*Boston Transcript*.

AFTER THE CONSULTATION

"Well, Drs. Brown and Smith are going to operate upon old Gotrox."

"Is the operation necessary?"

"Why, yes; Brown has a note coming due and Smith wants an automobile."—*Puck*.

**The Reason You Never Have Trouble
With Consolidated Teeth is Because**

**The Pins are Baked-in
They are One-piece Pins**

Our

METALITE

Teeth as well as our Platinum Pin Teeth have

**ONE-PIECE PINS BAKED
INTO THE PORCELAIN**

just as all good teeth have been made successfully for years. The pins are amalgamated with the porcelain when the teeth are baked at a temperature of 2624 degrees Fahrenheit.

Would you not rather use a porcelain tooth with a firmly BAKED-IN pin rather than one with a jointed pin or one mechanically fastened into the teeth?

Consolidated  Dental Mfg. Co.

New York
Boston

Chicago
Detroit

Cleveland
Philadelphia

"STILL HARPING ON MY DENTOR"

Editor of ORAL HYGIENE:

May I request you to publish in your journal the following article in answer to those gentlemen who favor the title "Dentor."

In all civilized countries the form "Doctor" is used to designate a learned man such as a doctor of law, philosophy, divinity, science, music, etc. This is true of our country as well as of others.

Now, our country being the first to make dentistry a scientific calling, is the only one which classifies dentistry as one of the learned professions. Therefore there exists in America this title of D. D. S. besides the many other "doctor" degrees.

I do not contradict the statement that we generally think of a medical practitioner when mentioning the term "doctor," but this is nothing short of a gross misapplication of the term, and any cultured person would say "physician" instead, when seriously trying to speak correct English.

When a youth expresses his wish to become a "doctor," the proper question for an educated person to ask is what kind of a doctor he would choose to be, since there are so many different doctor titles.

It is wrong to think that the educated public refuses to address a Ph. D. or a D. Sc. as "doctor" and I know this positively.

Now, why should we retrograde by denying the title "doctor" to one profession? We would simply admit our inferiority to the professions whose members are in possession of the "doctor" degree.

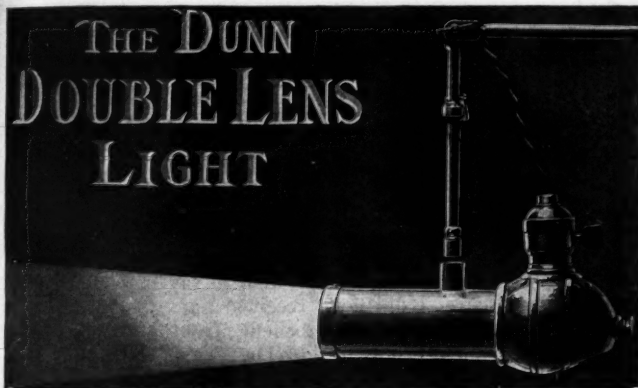
"Dentor!" Why not simply say dentist and be done with it. If people ask your office girl is the doctor in or "is the dentist in," can you see any difference?

Why not simply consider ourselves dentists unworthy of any scientific degree, instead of putting such a trade mark title as "Dentor" in front of or behind our names? I think that a miniature set of teeth as a scarfpin and a big gold tooth on our sign would be a great adjunct to that title.

I maintain that the title "doctor" is only considered the trade mark of the medical profession by the uneducated or by the cultured when using slang, for a doctor of medicine is following the vocation of a physician, while a doctor of philosophy may be a chemist, a minister, or a teacher. I certainly fail to see why a dentist should not possess the degree of doctor of dental surgery, since he has ample education to justify that title, and to my mind, those medical men who call us usurpers of their title are hardly just to themselves, for their calling is by far superior to their title.

We have not usurped any title or degree, since we do not

THE DUNN DOUBLE LENS LIGHT



THE original type of the DUNN LIGHT was the first mouth illuminator on the market.

In those days we had to talk more about the necessity of artificial light than the efficiency of the light itself.

Every dentist knows now that an artificial light is a necessity if he wants to work as many hours in the short days as in the long ones.

The Dunn Double Lens Light

Is the last word in mouth illumination.

It contains no diaphragm, as a diaphragm for dental operations is not indicated, and it sells for a good deal less money than any similar light on the market.

By projecting the light through twin lenses, a mellow effect is produced more nearly resembling actual sunlight than any substitute for it that has been discovered.

The Dunn Double Lens Light throws a light just where you want it, when you want it, illuminating the interior of the mouth and at the same time making the top of your bracket table as bright as day.

| | |
|---|---------|
| Price, including swivel and ball and socket adjustments for attachment to new model bracket | \$12.00 |
| Price complete, including new model bracket, copper oxidized or nickel | 15.40 |
| Brass | 16.10 |

All Dealers

LEE S. SMITH & SON COMPANY

Pittsburgh, U. S. A.

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call ourselves physicians, and since the title of doctor is applicable to the members of all

learned professions.

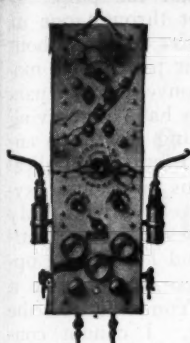
DR. ERICH MUNDE,
New York City.

NITROUS OXIDE AND OXYGEN ANALGESIA.

Discussion of Dr. Edward S. Barker's Paper—Continued from
September Number.

Dr. Fred R. Henshaw, Indianapolis: I regret I did not have the pleasure of hearing the paper, but it seems to have developed into a sort of an experience meeting, and I am only too glad to add my experience to that of those who have spoken here before. As Dr. Kibler rightly remarked a while ago, I am sure that he was the first man in Indianapolis to systematically employ nitrous oxide analgesia for the preparation of tooth cavities. I presume I was the second one, because Dr. Kibler pushed me in. We happen to live side by side and have the habit of walking down town together every morning. A couple of years ago, or perhaps a little more, Dr. Kibler told me one day that he had purchased a nitrous oxide apparatus, and we commenced to talk about it that very morning, and we are still talking about it, and as soon as I found out that he had something that I did not have, I got one. We have compared notes, I suppose, pretty nearly every day for the two years. Last summer we went up to Cleveland and spent most of our time with Dr. Teter, and

I wish to say that both of us received a great deal of benefit from the operations of Dr. Teter. Now I do not think that it is too much to say that all of us are going to be compelled to do something to eliminate pain from our dental operations. Why shouldn't we? The surgeon does not operate for appendicitis without relieving the pain. We do not know whether it would be any more pain to rip open one's abdomen and take out a diseased appendix than it would be to rip open a sensitive tooth. I do not know that it would. I cannot conceive that it would be more painful, for I cannot think of anything that is more painful; if it is within the province, if it is within the power of the dentist to relieve the pain or any portion or share of the pain, consequent to a dental operation, I cannot see why he is not in duty bound to do so. I will tell you this very frankly, if you ever do relieve a patient by nitrous oxide analgesia or otherwise of the pain of the preparation of the tooth, the patient has you on his hip, because you cannot deliberately



6 Inches Air Tube
Connected to Air Cock
on Switchboard

*This One Instrument
will pay for*

Electro Dental

COMPRESSED AIR APPARATUS

by replacing

The Hand Syringe Alone

After many years experience in using compressed air, one of the leading practitioners has frequently made this above statement, and hundreds of others have proved its correctness, profiting by its great utility.

The hot air syringe is illustrated herewith (about two-thirds actual size). Undoubtedly it is the most useful accessory instrument used with the Electro Dental Air Compressor and Switchboard.

Our book on "Electricity and Pneumatics in Operative Dentistry" fully describes the many ways in which it and the other electric heating instruments can be used.

If you haven't received a copy of this book, you ought to send for it at once, as it is full of information of interest to you, whether you already have a switchboard outfit or not.

Drop us a line now, and we will be pleased to send it by return mail.

ELECTRO DENTAL MFG. CO.

1223 Cherry St. Philadelphia

6 Feet



go into a tooth again for him until you provide the same measures for the relief of pain. He won't have it. He won't let you do it. He will go to somebody that does do it, and that man is the fellow that is going to get the practice. I consider nitrous oxide and oxygen as the greatest practice builder in the world. I cannot conceive of anything that would equal it. Now I like the suggestion that Dr. Campbell made a while ago. I think it is a very pertinent one. In a recent article in the ORAL HYGIENE, Doctor C. Edmund Kells, Jr., of New Orleans, derided the idea of the relief of pain during the preparation of a cavity in a tooth, because, as he stated it, of the extreme danger of encroaching upon the pulp. Now Dr. Campbell hit the nail on the head exactly when he said that the thing that we need in this case is not the doing away with the sensitiveness of the tooth, but a little better knowledge of dental anatomy. If our knowledge of the anatomy of the tooth should be improved to the extent that we would not be liable to encroach upon the pulp, we certainly would be in a position to render our patients better service. Likewise, the idea that the most sensitive part of the tooth is necessarily the pulp, seemed to me of little credit to Dr. Kells. It is very well known to any of us who have ever operated on many teeth that there are areas in the tooth that are far more

sensitive than the pulp. If you can get through one of these sensitive areas without causing your patient one moment of inconvenience or pain you certainly have been giving him something that he is entitled to. I am not radical about nitrous oxide and oxygen, but I believe in it. My patients believe they are entitled to it, and I could not operate on them until I gave it to them. You will find the same thing. I cannot conceive of any reason why there should be more danger to the future usefulness of the tooth when it is prepared properly with the proper knowledge of its anatomy under the influence of nitrous oxide and oxygen than if it is prepared otherwise. If you remove the decay and properly prepare the cavity you will come as near encroaching upon the pulp as you will in the other instance. Of course if you do not know the pulp when you meet it in the middle of one big road, you will likely do it a lot of harm. But all of us do know it.

Dr. S. T. Kirk, Kokomo, Indiana: I was first made a member of this association in 1868, and at that meeting we had the same discussion as to this nitrous oxide and oxygen gas. I believe I owned the second apparatus for nitrous oxide that was used in the state. I know that I used it successfully. We practiced the very same thing from the old apparatus where we made the nitrous oxide gas our-

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selves and furnished it by pressure through a water tank and gave it to our patients, and gave it successfully, and it was a grand good thing in many ways. We had this same principle that you have today, and I have used it in hundreds of cases to overcome the pain in cleaning, out or excavating tender teeth. I would have the patient hold the inhaler and let him take just a little, and he was partially under the effects of it, and we excavated many teeth without pain which otherwise would have been very painful. I believe the present apparatus is a great improvement on the old ways of using it, but the principle of using it is the same.

Dr. Edward S. Barber, Chicago, closing discussion: I hope I will not say anything that will give offense but there are some things which have been said that are so foolish that I can hardly help it. When I was over in Toledo I gave a talk to the dentists and there was one old gentleman who wore good clothes and looked as though he was successful, who said, "Doctor, before you started to talk, I had ordered an outfit, but after your talk, we cancelled the order." I asked him why and he said, "because I thought the machine would run itself." "Well," I said, "this machine I am using is practically fool proof, but not quite. There is no machine that is fool proof." At Toledo I took a young lady along to administer the anes-

thetic, that had only been in my office three days. Down in New York we showed this anesthetic in clinics before 3,800 dentists, and there were a great many Jews in New York and we had to show them. Now they kept telling me, "Dr. Bosworth can do that, but can we do it?" I told them I did not know whether they could do it or not. "But," I said, "here is a young lady who is working for one of you who will try it." I took the young lady, 18 years old, and had her give the anesthetic, just simply took her to the machine and she gave the anesthetic all right for about 30 minutes, and, as I told you, on this trip to Toledo I took the young lady along who had been in the office but three days. The first day she gave the anesthetic all right, but the next day she was not sure in her own mind which was the nitrous oxide side and which was the oxygen side. That night we gave a clinic for the students at the college, and they were all hard to handle, but she got through all right. The next was the Northwestern students, and she got through all right. The next day at Toledo, the next at Ann Arbor to the college students she got through in good shape. At Ann Arbor we struck a bad case, a man who had eaten something that would not digest. We prepared two cavities that they failed to do in London, and got through without trouble. This machine

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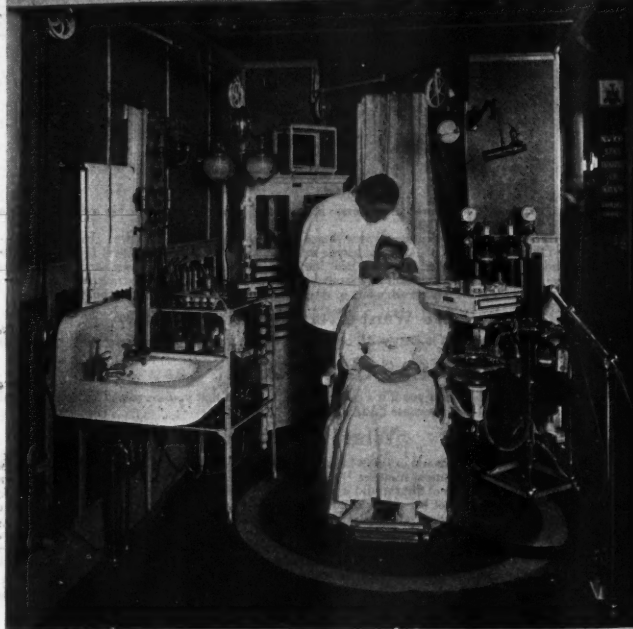
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that we are using is not fool proof. I did not intend to mention the apparatus at all, but as that thing has been mentioned by someone else I will say I am using the Clark apparatus, and it is so simple and practical that a child can use it with a few directions. I used the inlay system. I make inlays every day, and after experimenting with office help in inlay work, I make my inlays myself, or have a dentist make them that I have shown how to do it. I have made inlay bridges for seven years and have made thousands of them. I went to Dr. Taggart one day, who is a good friend of mine, and asked him what he thought of my inlay work, and he said it was rotten, so I thought I had better learn how and kept on until I could do it. He said, "who makes your inlays," and I said, "the young lady in the office." He said, "let her fill the root canals and you make the inlays, as that is where you make your living." Now I trust the young lady to give the anesthetic but not to make the gold inlay, because I consider it more difficult to make a gold inlay than to give the anesthetic, under the little instructions I give as we go along.

Now as for exposing the pulps, I don't know of any case where I have exposed a pulp without intending to do so. There are cases where the decay has exposed the pulp, and in that case you expose it anyhow, but in a sound

tooth where you do not want to expose it I do not believe I have ever done it. You do not have to work a bit further than you do without the anesthetic. If you work slowly with the anesthetic you are not going to overheat the tooth. The only chance to overheat is when working more rapidly. If you want to work more rapidly use blasts of cold air on the bur, and you can keep it cold enough so that there is no danger of the pulp overheating. Also, use sharp burs. When burs are dull they will cause pain. When I work in a clinic from 1 to 5, I use one gross of burs and that is more than some dentists use in a lifetime. Now pain is useful in dentistry. Pain is all right, it is useful this far, to bring the patient to the office. If they did not have pain, dentists would not have any patients. It gets them to the office and you can relieve it. You have done something for humanity, and if you can sit around the office a while and see the patients who have tried for years to have work done and could not on account of pain or the fear of pain, and see the tears of gratitude in their eyes in many cases, you would say that it is wise to relieve pain. Those people will insist upon shaking hands before they go away. They want to shake hands with everybody. They shake hands with the office girl and give the girl a present and all that sort of thing which is because



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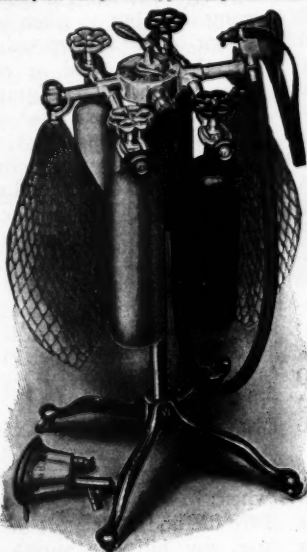
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we eliminated pain. As a practice builder, I don't think there is anything in the world that will equal the elimination of pain. A dentist that could not do good work could make money in dentistry if he could eliminate pain. Add to that the man that knows dentistry and he can make that much more.

Now we know that not more than ten per cent of the population have necessary dental work done. You know that, and the reason that they do not have it done is not on account of the expense, but because of the fear of pain. If the public knew they could have work done without pain it would take ten times as many dentists to take care of them, and those dentists would get better fees. In the old days I used to have trouble in getting fees from patients, and now I can get several times the amount of money, and instead of having the bill collector get it I get it. A man came in yesterday and the bill was about two hundred dollars and paid seventy-five dollars down. That is the way I start. At least one-third or one-half down and the balance in 30 or 60 days.

Last year I only lost \$8.00 in my practice. The reason for that is I am delivering the goods. It is a tough proposition for the patients to come into the office and pay real money for the pleasure of being hurt. If you can do them a service and not hurt them they will pay for it, and you

need not think about fees or the cost of it at all, because that will take care of itself.

Now about this large amount of anesthetic used and the extreme cost of it, I think that statement is wrong. When I get a patient from another dentist it is because he tried to do the work for months and could not do it. Those are the worst patients we have. We know that kind of patients, and every patient that comes in must take an anesthetic. Now the method I am using is absolutely the opposite of the method being taught to the anesthetists all over the country.

When I started to learn anesthesia or analgesia, I started to study it, not to get a smattering of it but to learn it, so I went to the library when I had the time, and at other times I hired a stenographer to stay there week after week in the library and read over the works on nitrous oxide and oxygen, all that had ever been written. When we compared all that stuff and got it into the office and studied it we tried to learn what we wanted. Most of that stuff is all rotten. It is absolutely wrong. We got ideas of fear, etc., from it. We tried out all those different systems and we discarded some and where there was something good we kept that. A few months back when I was using the pressure method, that most of you use, my bill for anesthetics was ninety dollars for one month. Now with three times

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meets all scientific requirements for cleaning not merely the teeth alone, but the entire oral cavity as well. Pebeco is a convenient and absolutely reliable anti-fermentive, antiseptic and prophylactic preparation for the relief of fetid breath, bacterial or acid conditions of the mouth, recession of the gums, stomatitis mercurialis, various affections of the tonsils and pharynx, and other diseases of the mouth and throat.

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the business my anesthetic bill is about ten to twelve dollars a month. If you are spending four dollars an hour for this work, it would be more than twelve dollars a month. Carry that home with you and think about it. The amount of anesthetic is so small in some cases you cannot notice the indicator, but if you use pressure it drowns the patient with the anesthetic. Supposing you wanted to take a drink of water and instead of handing you a glass of water someone poured a pailful of water down your throat with a funnel. You can be drowned with anesthetic as well as with water. Now we only use about one-tenth the amount of anesthetic we used to use. The amount is very small. The work should be learned, just as you have to learn to use an engine. It is not as hard to learn to do it thoroughly as it is to make a gold inlay, but give it some attention. Do not think the machine is going to do it. It is a machine, and you are supposed to have some human intelligence, and you are supposed to follow certain rules.

I believe I have told you facts which are of importance in dentistry. There are a lot of those little things that it has taken me three or four years to learn and some I have had trouble in learning. Now I can save you that trouble and you can start on these directions.

If you want to be fool enough to start in on the bot-

tom and do it all over again, go and do it. After you have mastered a formula in that way, then there will be men who will make additions on it. Now if you want to make inlays, you buy a Taggart machine and follow his directions and learn how he makes them, and then if you improve on them afterward, and you may find something new and better, all right, but first learn some system and do not start in at the bottom. Now about the experience necessary for an assistant. I believe we should have an assistant in our office, a young lady helping you at the chair, and very little of her time will be given to the anesthetic, if you have regulated the machine with approximately using 25 per cent of oxygen with the nitrous oxide, and we must have air in addition to that. After you have regulated the lever so that the patient is getting the proper amount of oxygen, the best thing to do with that lever is to leave it alone. If the patient feels a tinge of pain, open the cylinder a little and give them nitrous oxide or shut the air valve and let them breathe through the nose and it will be good for them. Lots of people will not breathe through the nose at all unless you tell them to and keep telling them to. It is best to keep on suggesting that. The best tone of voice for your patient is a low tone. If you talk in an ordinary conversational tone it sounds to them as

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IRON solutions, with few exceptions, are destructive to the teeth. Every dental practitioner of experience knows this. As a frightful example of the injurious effects of iron in liquid form, read on page 1006 of the *Dental Cosmos* of September, 1912, what Dr. Edwin T. Darby says of one of his patients who had been taking iron in acid solution. "When I looked into her mouth," says the doctor, "I was horrified to find that her teeth were ruined. They were literally decalcified."

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though you are talking through a megaphone. I had a case of dental work on a salesman for whom I cut cavities in four cuspids. This was a very nervous man, one of the worst I ever met. I knew he was suffering but little pain under the analgesia, but every little while he would keep coming up in the chair until he got clear over the back of the chair. Then I started to talk to him. I told him, "Now sit down in the chair, keep quiet, etc.," and after it was all over he said every time I spoke to him it would go through him like a knife thrust, and he thought that to follow directions was the best thing that he could do. The suggestion helped him a great deal, and it is one of the three important things in dentistry. Salesmanship is one and suggestion is another, and the elimination of pain is the third. If you know these three things, and where you can use them, you can make a success.

I am glad Dr. Campbell brought up that suggestion. This is a big enough thing for everyone to take a course and learn, and if you will do it you will be better dentists, and I do not think there ever will come a patient to your office that you cannot handle. I have had patients who came to me and said that other people had tried to bring them under an anesthetic and could not do it. A man once came to me to have pulps removed and for a couple of extractions. He had been drinking, and his

heart was pumping like a trip hammer. I thought I would try him out and see if I could handle him by suggestion and without preparation whatever. I didn't know him and I asked him what it was that was hurting him, and he said that it was down there, pointing to his tooth, and I said I would try and not hurt him. That is, a half-hearted way which dentists often use to approach a patient. I tried for thirty minutes to get that man to sleep before attacking the pulp. Every time I would touch that pulp he would jump. I said finally, "What did you come here for?" He said, "I came here to see if you could take that out without hurting me." I said, "All right, I will. Now the first thing for you to do is to relax thoroughly." I took up his arm and finally saw that it relaxed when I let it fall. As soon as they are relaxed to that point where the arm will drop down the heart quits that pounding. I do not ever give the anesthetic to patients who have excited nerves. After I got him that way he took the anesthetic and in two minutes I had him down and took his pulps out and extracted his teeth. There is the difference between twenty minutes for failure and two minutes for success. That was done by suggestion, simply suggesting pains to the patient instead of suggesting no pain, and that sort of thing. We should school ourselves to the safety of everything connected with

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Our Vapor Warmer, which is attached to the apparatus, delivers the nitrous oxid and oxygen WARM, thereby enabling the Dentist or Anesthetist to obtain a perfect and safe form of anesthesia which is not accompanied by nausea and other bad after-effects.

It is used in the painless preparation of cavities, in extractions and in minor or major surgery.

The Teter Apparatus was the only Gas Apparatus selected for use in the Model Dental Office at the International Congress on Hygiene and Demography recently held in the city of Washington under the direction of the United States Government. (Note the Teter Apparatus in the photographs of the Model Dental Office which appears on pages 892 and 915 in this issue of the Oral Hygiene.)

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dentistry, and you can do that. You have to practice it a little. Suggest the right thing, and if you mean it, better write it down and try and remember it. Down in New York city I came in from dinner one night and got into an argument with the secretary of the Anesthetic Club of New York city. He is in a position to know more about anesthetics than I do. This man came around to me later and told me he had tried a hundred times to produce analgesia and had not yet succeeded. He saw into it right away from what I told him then. The trouble with most dentists is that they do not produce analgesia as it should be produced. They carry the patients too far and get them in an excited state where they cannot work, and then they blame the anesthetic instead of blaming themselves for not learning it. The trouble is, everyone tries to drown the patient with too much anesthetic. Try and get your patients under the anesthetic and you will find that you have analgesia. It takes months and sometimes years for the dentist to learn not to give too much anesthetic. You do not want to drown them, or you do not want to see them get blue and all that. Shut down your pressure gauges to about 5 lbs., and if you have to give a little more anesthetic you can do that if necessary. Give force enough only to send it to the nose. I say to the patient, I work fast, and in working fast it will not

hurt you. If you want the anesthetic, take it yourself. Teach them it is absolutely under their control. Every once in a while it is good to give them a little twinge, so that they will keep on taking it. Tell them to breathe through the mouth and it hurts them, breathe through the nose and it does not hurt them. The other day I had a man who had taken some anesthetic before and someone had hurt him. He came in and I gave him an anesthetic the next time he wanted an abscess excised, and I had him take the anesthetic himself. He did not feel a twinge of pain from start to finish, while I opened the abscess and curetted the bone. I suggested to Mr. Clark that he make some sort of handle that patients could hold in their hand so that those patients may take it themselves. If they get too much their hands will drop down. The advantage in using the oxygen is if you use any of the preparations you cannot produce asphyxiation. The doctor here is an expert in that line and he can give the air in proportions. I never got where I was very good at that. In some cases I have been successful, and in some not so successful. With the oxygen you can regulate it absolutely.

Now as regards anesthesia. Learn analgesia first. Analgesia can be produced with so little anesthetizing that you gain confidence. You know that nothing can go wrong.



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Nothing can go wrong under analgesia. Anybody that says that danger could occur there is wrong; because it could not occur under analgesia. It can occur under excitement. That is worse than analgesia. If you keep a patient under analgesia nothing can occur. The patient is always able to get out of the chair and speak to you and so on. After you have learned that and gotten confidence in yourself, then you may go ahead and give anesthesia and give it right. Anesthesia is just as easy to give as analgesia if you give it right and according to directions. The only hard part of the whole proposition is to learn confidence in yourself. If you have learned that you can tell anybody else in such a manner that they will believe you.

As to this fee of ten dollars an hour, I think the doctor better raise the fee because the people will pay it. I charge \$25.00 an hour where I do this work for other dentists. They have to pay it. If they don't want to pay that they can go away, because I do not care, but they will pay it.

One point I want to make clear here is, don't buy any apparatus for extraction. The dentist who goes into the extraction business is a poor dentist, unless he goes into it for a specialty. Once in a while we do have to extract teeth. Prepare your cavities and if it is necessary you can

extract the teeth under analgesia. This paper is on analgesia. In anesthesia I always use a mouth prop, but I never use it in analgesia.

Another suggestion about that apparatus. I am building an office in Chicago so that everything is out of sight. The anesthetic machine and the tanks are in a cabinet out of sight, and the anesthetic comes out of pipes under the floor, and comes up alongside of the chair, and the patient never sees it. In my cabinet are several pans, in which I kept articles necessary for various operations. If I want to start an operation I get the patient all ready and then reach in and get that pan out and go to work. A great many people have a wrong idea about suggestion. They confuse it with mesmerism or hypnotism. Here is something that will show you the difference. I asked my old friend, Dr. Durkin, who gives a course in this subject in Chicago, if he could hypnotize me. He said, "No, if I could you would not be my friend." He said, "I cannot hypnotize my friends. The kind of people I can hypnotize are the people you can lead around with a string." The people you can use suggestion with are the people who use reason. Suggestion is something that the public is waking up to. It is something that you can use every day in practice and it is one of the biggest helps we ever used.

Wouldn't Believe It, WOULD YOU

EVEN if it was someone whose friendship you greatly cherished? If he told you there was a material on the market which you could insert in a patient's tooth on Monday and on Wednesday cut the tooth to pieces without the patient experiencing pain, you'd be tempted to apply the short and ugly to him, wouldn't you?

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NOBODY WON THE PRIZE

The walking craze a few years ago gave a well known sporting man an opportunity which he could not resist taking advantage of. He had handbills widely distributed on which was stated:

"A Great Crosby gentleman will give \$50 to the man, woman or child who first succeeds in doing the following task: To walk from the Pier-head (Liverpool) to Crosby village. There each competitor must buy a meat pie and walk around the 'Big Stone' and eat it."

About a hundred entries were received and the walk took place on Whit Monday. Much excitement prevailed, and a great cheer arose as a local pedestrian was seen leading the rest of the crowd. His meat pie was soon eaten as he walked around the stone, and he went to the judge for the \$50.

"Why," exclaimed the judge, "I didn't think you could have done it. The stone seemed too hard to eat."

"What's that got to do with it?" asked the ped.

"Everything to do with it," answered the judge, "and nobody gets the \$50 till they do."—*London Tit-Bits*.

The Musician: "Hang it, Blink, don't you realize that one of your shoes squeaks in b flat and the other in g major?"—*Life*.

GLAD HE LOST HIS LUNCHEON

Jimmy was a laborer and an optimist. Noon sounded one day and he sat down and felt in his pocket for his luncheon. But the pocket was empty. "Boys," he said, "I've lost my lunch." Then he gave a cheery laugh. "It's a darned good thing I've lost it too," he said.

"Why so, mate?" a man asked.

"Because," said old Jimmy, "I left my teeth at home."

WHY THEY DON'T HAVE TO PLAY

Manager Charles Carr, of the Blues, and a few friends were eating lunch in a grill room one night not long ago, and while waiting for their orders were reading the scores of major league games, which are posted there.

A Jewish bartender, who is a very enthusiastic baseball fan and likes to talk when any of the players are around, walked up to the table where the men were seated and said:

"Look at the batteries, fellows, 'all O'Tooles, Finnigans, Cheneys and the rest of the Irish. Those Irish sure like to play ball."

"Well," said Carr. "I don't notice that there are any Goldsteins, Goldbergs or any other Jews in there doing anything for the national game."

"Don't worry about any of us Jews putting our names in the batteries," said the bar-keep, "we own the clubs."